

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1616
Title:: DELIVERY OF SUMATRIPTAN, FROVATRIPTAN OR NARATRIPTAN THROUGH AN INHALATION ROUTE
Attorney Docket Number:: 00040.04CON
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 1
Small Entity:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ron
Middle Name:: L.
Family Name:: HALE
City of Residence:: Woodside
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 17085 Skyline Blvd
City of mailing address:: Woodside
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94062

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Joshua
Middle Name:: D.
Family Name:: RABINOWITZ
City of Residence:: Mountain View
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 750 N. Shoreline, #98
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94043

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Dennis
Middle Name:: W.
Family Name:: SOLAS
City of Residence:: San Francisco
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 22 Sequoia Way
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94127

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Alejandro
Middle Name:: C.
Family Name:: ZAFFARONI
City of Residence:: Atherton
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 1 Faxon Forest
City of mailing address:: Atherton
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94027

Correspondence Information

Correspondence Customer Number:: 37485
Name:: Elaine C. Stracker
Name:: Alexza Molecular Delivery Corporation
Street of mailing address:: 1001 East Meadow Circle
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94303
Phone number:: (650) 687-3905, (650) 687-3900
Fax Number:: (650) 687-3999

Representative Information

Representative Designation::	Registration number::	Name::
Primary	43,166	Elaine C. Stracker

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This application	Continuation of	10/155,705	05/22/2002
10/155,705	An application claiming benefit under 35 USC 119(e)	60/294,203	05/24/2001
10/155,705	An application claiming benefit under 35 USC 119(e)	60/317,479	09/05/2001

Assignee Information

Assignee name:: Alexza Molecular Delivery Corporation
Street of mailing Address:: 1001 East Meadow Circle
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94303